

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Yutaka WADA et al.

Serial No. 09/916,305

Filed July 30, 2001



Attn: Application Branch

Attorney Docket No. 2001-1079

POLISHING METHOD USING AN ABRADING  
PLATE

(Rule 1.53(b) Continuation-In-Part  
of Serial No. 09/446,764 & 09/276,153,  
Filed April 28, 1999 & March 25, 1999)

PATENT OFFICE FEE TRANSMITTAL FORM

Assistant Commissioner for Patents,  
Washington, DC 20231

Sir:

Attached hereto is a check in the amount of \$376.00 to cover Patent Office fees relating to filing  
the following attached papers:

Additional Claims Fee:

Excess of Twenty ..... \$216.00

Independent ..... \$160.00

Multiple Dependent Fee ..... \$

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of  
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*The Commissioner is authorized to charge any deficiency or to credit any overpayment  
associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of  
deficiencies in fees for multiple dependent claims in new applications.*

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ACCOUNT NO. 23-0975

Respectfully submitted,

Yutaka WADA et al.

By

Nils E. Pedersen

Registration No. 33,145

Attorney for Applicants

NEP/krl

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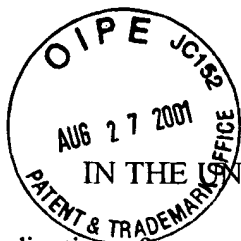
Washington, D.C. 20006-1021

Telephone (202) 721-8200

August 27, 2001

[Check No. 446138]

2001\_1079



In re application of : **ATTN: APPLICATION BRANCH**  
Yutaka WADA et al. : Docket No. 2001-1079  
Serial No. 09/916,305 : Group Art Unit 3723  
Filed July 30, 2001 :

POLISHING METHOD USING AN  
ABRADING PLATE  
(Rule 1.53(b) Continuation-In-Part  
of Serial No. 09/446,764 & 09/276,153,  
Filed April 28, 1999 & March 25, 1999)

**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Assistant Commissioner for Patents,  
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 12 x	(\$ 9 = \$)	or	(\$18 = \$216.00)
Indep. Claims exceeding 3 (not already paid for): 2 x	(\$40 = \$)	or	(\$80 = \$160.00)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$135 = \$)	or	(\$270 = \$)
Total Additional Fee =	<u>\$</u>	or	<u>\$376.00</u>

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which  
☐ is enclosed or  
☐ has been previously submitted.

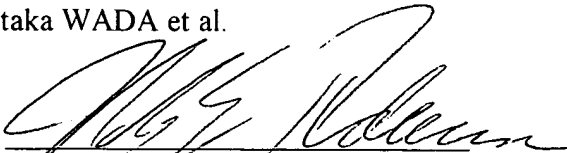
☒ A check in the amount of \$376.00 is enclosed.

- [] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Yutaka WADA et al.

By



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August 27, 2001

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